APPENDIX C

Department of Veterans Affairs
VA Health Care Facility

YEAR 2000 CONTINGENCY PLAN

(Date)

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1. Purpose

Establish and implement an effective Year 2000 contingency plan designed to minimize risk to patient care and patient care services. Contingency plans are necessary to prepare for anticipated and unanticipated Year 2000-related system failures, degradations or disruptions. The Health Care Facility will take all the necessary precautions to proceed through each stage of preparation ensuring due diligence in our approach.

2. Policy

This health care facility will prepare a patient-focused contingency plan to minimize any disruptions to patient care activities caused by the possibility of Year 2000 date-related problems. Contingency planning is necessary so that the health care facility's mission of caring for veterans is not adversely impacted by Year 2000 date-related problems.

3. Responsibilities

a. The Veterans Integrated Service Network (VISN) Director is ultimately responsible for Year 2000 contingency planning and preparedness and coordination of all associated Network-related activities.

b. The VISN Chief Information Officer (CIO) is responsible for overall coordination of contingency planning and preparedness from a Network perspective. As such, the VISN CIO organizes network meetings, coordinates national and network correspondence, and plans network Year 2000 drills.

c. The Health Care Facility Director is responsible for functional units, business impact analysis and continuum of patient care.

d. The Health Care Associate Director or equivalent is responsible for developing, organizing, and planning of medical facility internal operations in preparation for Year 2000 contingencies. He will assign lead individuals of each functional unit in the medical facility.

e. Functional Unit Managers are responsible for maintaining work processes within their assigned functional units during the Year 2000 transition. They are also responsible for developing their specific functional unit contingency plan.

f. The Chief of Staff is responsible for the continuum of patient care through the Year 2000 transition.

g. The Business Continuity Project Workgroup (BCPW) is responsible for oversight, coordination, and implementation of the functional unit contingency plans. This

committee is the VA Health Care Facility's Year 2000 Committee. The Health Care Associate Director or equivalent will chair the BCPW.

h. The Business Resumption Team consists of staff identified from the functional units.

i. The Emergency Preparedness Coordinator (EPC) and/or the Area Emergency Manager (AEM) is responsible for external year 2000 preparations.

4. Procedure

a. Preparing and Implementing the Contingency Plan

1) Designate a Business Continuity Project Workgroup (BCPW) to oversee operation and execution of hospital wide patient-focused contingency plan.

This workgroup should be chaired by the Health Care Associate Director or equivalent and should contain key managers at the facility who have major operational responsibilities. Composition should include personnel familiar with internal and /or external disaster activities. Following are recommended members:

- Health Care Associate Director (Chair)
- Safety Officer
- Emergency Preparedness Coordinator (EPC) and/or Area Emergency Manager (AEM)
- Chief, Facilities
- Risk Management
- Chief, Biomedical Engineering
- Chief, Information Technology
- Chief, Telecommunications
- Chief, Nursing
- Chief of Staff
- Chief, Purchasing

2) Identify the functional units in the medical center (core business processes) and conduct assessments of mission critical systems for each functional unit.

Please refer to the functional unit template reference binder for specific contingency plans for each mission-critical functional unit. The master copy is maintained in the office of the Health Care Associate Director or equivalent. Procedures for implementation are outlined within the templates. Each template must be posted in its respective Functional Unit prior to the 72-hour countdown process at the transition of the century.

3) Assess for health care facility risks and priorities.

The first stage of the risk assessment involves the functional unit managers assigning a magnitude or consequence of failure for each of one their critical systems. For each of their critical systems (lighting, electrical, VISTA, etc.), the functional unit manager

will determine what the impact would be if that critical system shut down. A quantifiable scale for measuring the impact of system failure will be:

- **Low** – Minimal Impact to patient care services.
- **Medium** – Moderate impact to patient care services (minor disruption in environmental issues such as temperature control but no impact on diagnostic, therapeutic, and/or monitoring capabilities).
- **High** – Extensive impact to patient care services (interruption in diagnostic, therapeutic and/or monitoring capabilities).

The second stage will involve the BCPW making a determination of the likelihood of failure for each of the critical systems in the functional units. The BCPW will base their determinations on such factors as:

- Is the device or system Year 2000 impact unknown?
- Was the device or system renovated to fully compliant status?
- Is the device or system a "one of a kind" device or system?
- Is the device or system fully automated and/or integrated into a network computer system?
- Are there significant resources available to implement the proposed contingency?
- Is the consequence of failure life threatening?

A system with high impact and high risk of failure should receive first priority and be given close scrutiny during the Pre-Year 2000 Planning Phase.

4) Schedule of Critical Events

The schedule of critical events was derived from an analysis of the Functional Unit template actions. The BCPW completed the schedule of critical events and coordinated it with Functional Unit managers at the direction of the Health Care Associate Director. This schedule of critical events is provided is attached.

5) Distributing the Contingency Plan to staff and other key parties

6) Train Health Care Facility Staff

All health care facility staff shall be given general Year 2000 awareness training including facilitywide back-up procedures and alternative manual operations. Additionally all staff must be trained on their specific functional unit templates and contingencies.

7) Test the facility-wide Year 2000 patient-focused contingency plan

8) Critique and evaluate results

The results of the test will be thoroughly critiqued, and the results of the critique will be distributed to all appropriate employees.

9) Update and modify the health care facility over-all contingency plan as well as those of each functional unit, as necessary.

b. Implementing the Contingency Plan During the Execution Phase

1) Business Resumption Team

A Business Resumption Team will be organized to respond quickly to any failure in critical systems. The Business Resumption Team is to include:

- Chief, Biomedical Engineering
- Electronics Technician
- System Manager
- Network Administrator
- Boiler Operator
- Electrician
- A/C Mechanic
- Telecommunications Specialist
- Information Security Officer

2) Execution Phase Timeline

Please refer to Attachment B, Execution Phase Timeline. This timeline outlines the specific procedures to follow 72 hours before and 72 hours following 12:01 am, January 1st, 2000.

5. References

Facilities Management Service "Disaster Plan and Emergency Procedures."
Health Care Facility Disaster Plan, February 1998
VHA Year 2000 Contingency Planning Guide, March 1999

John Doe
Health Care Facility Director

Attachments (2)

Attachment A : Schedule of Critical Events

January 1999

- Install Vista patches related to Year 2000
- Continue Renovation/Implementation Phase

February 1999

- Form a Business Continuity Project Workgroup (BCPW) to oversee the development and execution of a hospital-wide patient-focused contingency plan. The BCPW could be your existing Y2K Task Force or Emergency Preparedness Committee. In any event it should be chaired by the Health Care Facility Associate Director.
- Year 2000 Conference call.
- Run Year 2000 exercise testing of Emergency Generators as outlined in the memo from the Chief Network Office.
- Review Utility guidebook and incorporate in facility Contingency plan.
- Review Medical Equipment guidebook and incorporate in Facility contingency plan.

March 1999

- The Health Care Facility Associate Director or counterpart should review "VHA Patient-Focused Contingency Planning Guide Book" distributed by Headquarters.
- Identify those function units that are relevant to your facility and designate “functional unit managers” for each area.
- Functional unit managers should perform a business impact analysis (customize their functional unit template).
- Target date for completion of Renovation/Implementation Phase.
- Year 2000 Conference call.

April 1999

- The Business Continuity Project Workgroup should meet to review the business impact analysis of each of the facility’s functional units.
- Complete Health Care Facility Contingency Plan.
- Initiate community planning contacts.
- Address Leave issues.
- Begin awareness “campaign”.
- Initiate planning for a Y2K disaster drill.
- Year 2000 Conference call.

May 1999

- Business Continuity Project Workgroup should meet to review Functional Unit Templates from all members, and
- Continue awareness programs.
- List all necessary critical supplies to acquire.
- List all critical services to contract.
- List alternate vendors for critical services.
- Plan Health Care Facility or VISNwide Y2K disaster drill.
- Year 2000 Conference call.

June 1999

- Y2K Project Team meeting.
- Functional Unit Managers train staff on role in Contingency plans.
- Submit requested contracted services and specifications to A&MM.
- Provide A&MM with list of Critical Supplies.
- A&MM contacts Alternate Vendors identified.
- Conduct Health Care Facility or VISN wide Disaster Drill.
- Associate Director reviews status of Functional Units with Functional Unit Managers.
- Review all outstanding Renovation/Implementation phase items for contingency triggers.
- Year 2000 Conference call.

July 1999

- Y2K Project Team Meeting.
- Year 2000 Conference call.
- Critique Y2K Disaster Drill.
- Follow up with A&MM on Contract requirements and Critical Supply identification.
- Initiate procedures for reduction in patient scheduling for Execution phase.
- Refine contingency plans based upon Critique.
- Associate Director reviews status of Functional Units with Functional Unit Managers.

August 1999

- Y2K Project Team Meeting.
- Year 2000 Conference call.
- A&MM begins procuring critical supplies/equipment.
- Functional Unit Managers review storage area and distribution procedures for supplies.
- Associate Director reviews status of Functional Unit templates with Functional Unit Managers.

September 1999

- Y2K Project Team Meeting.
- Year 2000 Conference call.
- A&MM ensures all Y2K related contracting information is in place.
- A&MM negotiates contracts with prime and backup supply vendors previously identified.
- Functional Unit Managers identify list of critical "Internal" contacts.
- Complete all community planning contacts.
- Associate Director reviews status of Functional Units with Functional Unit Managers.

October 1999

- Y2K Project Team Meeting.
- Year 2000 Conference call.
- A&MM obligates contract services.
- Associate Director reviews status of Functional Units with Functional Unit Managers.
- Review storage and distribution procedures for critical Supplies.
- Review acquisition of back-up equipment.

November 1999

- Y2K Project Team Meeting.
- Year 2000 Conference call.
- Associate Director reviews status of Functional Unit Templates with Functional Unit Managers.
- Inspect all acquired equipment utilized for contingencies.
- Train staff on use of equipment.
- Functional Unit Managers review staff roles for contingency.

December 1999

- Y2K Project Team Meeting.
- Year 2000 Conference call.
- Associate Director reviews status of Functional Unit Templates with Functional Unit Managers.
- Review Staffing plans.
- Ensure all contracts/supplies are acquired.
- Post lists of critical contacts in each Functional Unit.

Attachment B – Execution Phase Timeline

TIME	ACTION TO BE COMPLETED
72 Hours Prior to the change over of the century	1. The Command Center is set up. 2. The BCPW ensures that Functional Unit Managers are familiar with their Year 2000 readiness plans, contingencies are in place and all supplies are available. 2. Review OR schedules. 3. The Command Center notifies the Health Care Facility that the Execution Phase has *begun* by telephone communication to all Service Chiefs and product Line Managers 4. Ensure additional cash is acquired for emergency purposes. (Minimum 2 week cash reserve.) 5. Preliminary precautions include, but are not limited to the following: • Facilities Management - *will* ensure adequate supplies of diesel fuel, oil, gasoline, and bottled gas. • Financial Resources Management in coordination with Nutrition & Food Section, and the Canteen Service *ensures* that emergency rations and disposable utensils *are, or can* be made available. • Human Resources Management *assigns employees* reported available by the Service/Product Line who are available for emergency duty to any Service/Product Line requesting assistance. 6. All Services & Product Lines *will*: • *Review emergency duty rosters* for essential personnel coverage and send copy to the Health Care Facility Director's Office. • *Report names and number* of employees available for emergency duties to the MCD. • *Submit all request* for assistance to the Health Care Facility Director. • Turn refrigerators and freezers to the highest setting in *anticipation of an electrical outage.* 7. Advise patients that visiting hours will not be available immediately prior to, during, or immediately after the emergency, and to advise their relatives or expected guests of this fact.

48 Hours Prior to	1. When rooms or areas are vacated for any period of time, disconnect all non-essential electrical equipment. 2. For hospitals in warm locations buildings should be cooled to lowest temperature without compromising patient care. For hospitals in cool locations temperature should be heated to highest possible temperature without compromising patient care. 3. Functional Unit Managers contact Command Center with readiness status. 4. External community liaison is established. 5. Emergency precautions include, but are not limited to the following: • The Command Center will make final determination on how to manage the Execution Phase including the scheduling, modification, or discontinuation of services, control of patient information, admission, transfer and discharge of patients. • Nutrition & Food Section ensures emergency rations and disposable utensils are in the Health Care Facility. • Facilities Support Section ensures emergency stocks of linen and other supplies are in the Health Care Facility. • Facilities Management will deliver (if applicable) water bladders to designated areas, fill with potable water, and secure the water supply. • Nutrition & Food Section and Nursing Service personnel will fill all other clean, sanitized containers with water for drinking purposes.
24 Hours Prior to	1. All unused fume and safety hood exhausts will be shut off after clearance from Facilities Management and the Safety Officer. 2. The Command Center is fully staffed.
00:01	1. All Utility Systems should be tested and checked. 2. Normal operations will resume as quickly as possible. 3. All functional groups will call into Command Center with status.
Within 1 Hour after	1. Function Unit leaders call Command Center and report any critical system failures. 2. All critical utility systems should be checked. 3. The DEC servers and Network should be checked-out by the system manager. 4. The phone system, LAN and WAN should be checked.
1st Business Day after	1. All critical medical devices should be tested and checked. 2. Prioritize repairs and or replacements for all equipment and systems with millennium related problems. 3. In-service training day when all equipment is calibrated.